PATENT APPLICATION FEE DETERMINATION RECOIL Effective October 1, 2003									RD 1076543/					
CLAIMS AS FILED - PART I									NTITY	,-		R THAN		
TOTAL CLAIMS O (Column 2)							TYPI			OF		ENTITY		
FOR			NIMBEI	NUMBER FILED		NUMBER EXTRA		TE C FEE	FEE 385.00	-	BASIC FEE	FEE 770.00		
<b> </b> -		ABLE CLAIMS	16	1					. 303.00	OR	<u> </u>	, 70.00		
-	DEPENDENT O		7/		•		XS 9=		<del> </del>	OR	XS18=			
			<del>-</del>	ninus 3 =			X43=		<u> </u>	OR	X86=	<u> </u>		
MULTIPLE DEPENDENT CLAIM PRESENT							+10	15=		OR	÷290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II								OTHER THAN						
<u>.                                    </u>		(Column 1)	(Column 2) (Column 3				SMA	YLL:	ENTITY OR		SMALL			
<b>AMENDMENT A</b>	•	REMAINING AFTER . AMENDMENT		NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA	RA'	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 4	Minus	- 2	<b>⊘</b> .		XS	9=		OR	XS18=			
	Independent	·a	Minus	ے	3	=	X4:	) <u>=</u>		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=			
								5= TAL		OR	TOTAL			
		(Ca) 4)	•	<b>.</b> 0	- <b>0</b> \		'ADDIT.			OR ,	ADDIT. FEE			
		(Column 1) CLAIMS		(Colum HIGHE	\$T	(Column 3)			ADDI-	ſ		ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID F	JSLY	PRESENT	RAT	Ε	TIONAL FEE		RATE	TIONAL FEE		
	Total	.5	Minus	- 2	0	= / '	XS 9	=		OR	XS18=			
ME N	Inoependent	.3	Minus		3_	= / .	X43	-		OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								2		OR	+290=			
•								EE	·	OR A	TOTAL DOIT, FEE			
		(Column 1)	. =	(Column		(Column 3)	•							
AMENDMENIC		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••		•	X\$ 9			OR	X\$18=			
	ndependent	•	Minus	•••			X43=	┰		-	×86=			
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR	700-	·		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										DA L	+290=			
ii	the "Highest Nur	nder Previously Pai	d For' IN THIS	SPACE is to	ess than	20, enter "20."	TOT ADDIT. F			OR A	TOTAL DDIT. FEE			
Ti	e "Highest Numi	nber Previously-Paid ber Previously Paid	For (Total or	independent	) is the	i a, enter "3," highest number (	found in the	appro	opriate box	in colu	mn 1.	j		